# Report to Rapport au:

Ottawa Board of Health Conseil de santé d'Ottawa 13 February 2017 / 13 février 2017

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Ward: CITY WIDE / À L'ÉCHELLE DE LA File Number: ACS2017-OPH-IQS-0001 VILLE

SUBJECT: 2016 OPERATING BUDGET YEAR-END RESULTS – BOARD OF HEALTH FOR THE CITY OF OTTAWA HEALTH UNIT STATUS REPORT

OBJET: RÉSULTATS DU BUDGET DE FONCTIONNEMENT DE LA FIN DE L'EXERCICE 2016 – RAPPORT D'ÉTAPE DU CONSEIL DE SANTÉ DE LA CIRCONSCRIPTION SANITAIRE DE LA VILLE D'OTTAWA

### REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa Health Unit receive this report for information.

#### RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance du présent rapport à titre d'information.

#### **BACKGROUND**

The purpose of this report is to present the Board of Health with the 2016 operating results for Public Health Programs. Ottawa Public Health (OPH) management actively monitors spending and revenue results for any underlying issues needing to be highlighted or addressed.

The 2016 operating budget year end results present actual year end revenues and expenditures against the amounts previously budgeted for the year.

# **DISCUSSION**

### **Year End Results**

As indicated in the 2016 Operating Budget Q2 Status Report, OPH was projecting a balanced financial position for the 2016 fiscal year. However, the late Ministry funding announcement resulted in OPH ending the year with an overall surplus of \$413,000 from the City funded Dental Program and one-time funding approvals that were 100% funded by the Province. This surplus represents a 0.7 percent positive variance from the \$59.01 million total operating expenditure budget.

Mandatory program costs that exceeded budget included immunization program, Syrian refugee resettlement efforts and outbreak emergencies. OPH submitted a request for reimbursement of extraordinary costs related to Syrian refugee resettlement as well as community outbreaks and is still awaiting a response from the Province.

Project planning activities related to the replacement of legacy technology systems commenced in 2016, but implementation was delayed due, in part, to the corporate organizational realignment and availability of required shared services support.

Supporting Document 1 provides operating budget details on year end results for the various Ontario Public Health Standards. Financial information is presented by funding type, which includes cost shared (75% provincial and 25% municipal); City funded (100% municipal); and provincial funded (100% provincial) along with a breakdown by specific program. Below, Table 1 provides a summary of the 2016 year end results.

Table 1: Summary of 2016 Actual Year end Results

2016 Q4 Status Report	Annual Expenditures (\$000)	Annual Provincial Revenue (\$000)	Annual Municipal Revenue (\$000)	YTD Net Surplus / (Deficit) (\$000)
Ontario Public Health				
Standards (Cost				
Shared Programs)	44,053	32,250	11,390	413
Public Health City				
Funded Programs	1242	0	1242	0
Provincial Funded				
Programs	11,152	11,252		
Ottawa Public Health	56,547	43,502	12,632	413

# **Year End Compensation Results**

Document 2 provides compensation information showing the actual salary, benefits and overtime costs incurred by OPH up to December 31, 2016. The year-end financial information shows OPH spent 99% of its total compensation budget during the 2016 fiscal year.

# **Operating Budget Adjustments and Transfers**

On September 23, 2016, the MOHLTC announced the 2016 funding for the Ottawa Board of Health. Following an adjustment to the 2015 base for Healthy Smiles Ontario integration and a removal of the CINOT fee for service, totalling \$313K, OPH received a 2.5% operating budget increase (\$742 K) on a MOHLTC revised base for cost shared mandatory programs. As a result, OPH was required to make an adjustment to their 2016 base budget of \$352K. An additional \$1.2 M was added to the provincial 100% funded Healthy Smiles Ontario dental program as the result of integrating several dental programs. Finally, \$497 K was approved for one-time funding to support the provision of public health programs and services in the community. These adjustments were made to the budget in 2017.

Considering the growing legislative and community demands for health inspections and investigations, OPH reallocated staffing resources from administrative vacancies and created of 5 new Public Health Inspector positions in an effort to better align with current and future accountability demands related to food safety, safe water and rabies investigation.

This report includes the 2016 Financial Controls Checklist that was completed and returned to the ministry on January 31, 2017 (Document 3). As per Schedule E of the Accountability Agreement, the checklist confirms that internal financial controls are in place to promote effective and efficient business practices.

# **RURAL IMPLICATIONS**

There are no rural implications to this information report.

#### CONSULTATION

The purpose of this report is administrative in nature and therefore no public consultation is required.

#### **LEGAL IMPLICATIONS**

There are no legal impediments to receiving the information in this report.

# **RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications associated with this report.

### FINANCIAL IMPLICATIONS

As outlined in this report.

### **ACCESSIBILITY IMPACTS**

There are no accessibility implications associated with this report.

# SUPPORTING DOCUMENTATION

DOCUMENT 1 - Ottawa Public Health 2016 4th Quarter Operating Status Report

DOCUMENT 2 - Ottawa Public Health 2016 4th Quarter Compensation Status Report

DOCUMENT 3 - 2016 Financial Controls Checklist

# **DISPOSITION**

This report is provided for information.